

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>601701</i>	<i>12/8/99</i>
O.I.P.E. CLASSIFIER		<i>714801</i>	<i>12/15/99</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			<i>12-27-99</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1/1/99
2	✓	✓	2/2/99
3	✓	✓	4/15/99
4	✓	✓	
5	✓		
6	✓	✓	
7	✓	✓	
8	✓	0	0
9	✓	0	0
10	✓	0	0
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓		
17	✓	✓	
18	✓	✓	
19	✓	0	0
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If more than 150 claims or 10 actions
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